

# UPDATE

## Attention: Dental Providers

**Beginning 04/01/03, the CDT-4 Codes will be effective.** Below is a listing of the changes. Please remember that not all CDT-4 codes are covered by Alabama Medicaid. Two codes that now require prior authorization are D7310 Alveoloplasty and D9610 Therapeutic Drug Injection. The updated fee schedule can be obtained from our website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us) or by calling the Provider Assistance Center (PAC) at 1-800-688-7989. The fee schedule is for informational purposes only. Please bill your usual and customary (UCR) fee. Certain restrictions and limitations apply. The changes below will be reflected in the April 2003 Provider Manual update that will be mailed later this spring. Note the date of the revision at the bottom of each page of Chapter 13. If you have any questions, you can call the dental program at (334) 242-5472 or (334) 353-5959.

EXISTING CODE DELETED	REPLACED BY EXISTING CODE	REPLACED BY NEW CODE	EFFECTIVE 04/01/03 NEW RATE
<b>AMALGAMS</b>			
D2110	D2140		\$48
D2120	D2150		\$60
D2130	D2160		\$73
D2131	D2161		\$88
<b>RESINS</b>			
D2380		D2391	\$59
D2381		D2392	\$77
D2382		D2393	\$88
D2385		D2391	\$59
D2386		D2392	\$77
D2387		D2393	\$88
D2388		D2394	\$115
<b>PERIODONTAL</b>			
D4220	None	None	\$0
<b>ORAL SURGERY</b>			
D7110		D7140	\$53
D7120		D7140	\$53
D7130		D7140	\$53
D7430	D7410		\$90
D7431		Non-covered	\$0

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